

COMPANY INFORMATION

Submission Date: _____

Business Name: _____ Phone: () _____ - _____

Contact Name: _____ Fax: () _____ - _____

Contact Title: _____ Best Time to Call: am pm

Business Address: _____

City: _____ State: _____ Zip: _____

Product/services your company sells: _____

Years In Business: _____ Estimated Annual Sales Volume: _____

Currently Accept Visa/MasterCard? Yes No If yes, Current Processor: _____

Estimated Annual Visa/MasterCard Volume: \$ _____ Avg. Transaction Amount: \$ _____

Other Card Types accepted?: AmEx Discover Diners JCB Debit (pin)
 Other _____ Other _____ Other _____

Estimated Annual Other Card Types Volume: \$ _____ Avg. Transaction Amount: \$ _____

What POS (Point of Sale) system(s) do you use? _____

How products/services are marketed (i.e. Catalog, Direct Mail, TV, Internet, Other)? _____

How orders are taken? (i.e. Phone, Internet, Fax, Email, Face to Face, Other)? _____

Unique needs or requirements: _____

This Section For UPS Capital Use Only

UPS CAPITAL CONTACT INFORMATION

UPS Capital Sales Person: _____ Title: _____

E-Mail: _____ Phone: () _____ - _____ Fax: () _____ - _____

**Please Fax this completed form to 214-849-3645
 Or call 1-800-723-8914 to speak to a Sales Representative**

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